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8 UNITED STATES DISTRICT COURT  
9 FOR THE EASTERN DISTRICT OF CALIFORNIA  
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11 CHERYL KEITH,

12 Plaintiff,

13 v.

14 COMMISSIONER OF SOCIAL  
15 SECURITY,

16 Defendant.  
17

No. 2:24-cv-03393-DJC-CKD

FINDINGS AND RECOMMENDATIONS

18 Plaintiff seeks judicial review of a final decision of the Commissioner of Social Security  
19 (“Commissioner”) denying applications for Disability Income Benefits (“DIB”) and  
20 Supplemental Security Income (“SSI”) under Titles II and XVI of the Social Security Act  
21 (“Act”), respectively. For the reasons discussed below, the court will recommend that plaintiff’s  
22 motion for summary judgment be denied and the Commissioner’s cross-motion for summary  
23 judgment be granted.

24 BACKGROUND

25 Plaintiff, born in 1970, applied for DIB and SSI on October 11, 2021, alleging disability  
26 beginning January 1, 2020. Administrative Transcript (“AT”) 15, 33. Plaintiff alleged she was  
27 unable to work due to clinical depression and PTSD. AT 66. On December 13, 2023, an  
28 Administrative Law Judge (ALJ) issued a decision finding plaintiff not disabled between the

1 alleged onset date in January 2020 and the date of the decision. AT 15-36. The ALJ made the  
2 following findings (citations to 20 C.F.R. omitted):

3 1. The claimant meets the insured status requirements of the Social Security  
4 Act through December 31, 2024.

5 2. The claimant has not engaged in substantial gainful activity since January  
6 1, 2020, the alleged onset date.

7 3. The claimant has the following severe impairments: mood disorder;  
8 anxiety disorder; post-traumatic stress disorder; adjustment disorder;  
9 insomnia; alcohol use disorder and migraine impairment.

10 4. The claimant does not have an impairment or combination of impairments  
11 that meets or medically equals one of the listed impairments in 20 CFR Part  
12 404, Subpart P, Appendix 1.

13 5. After careful consideration of the entire record, the undersigned finds that  
14 the claimant has the residual functional capacity to perform medium work  
15 except could occasionally climb; could have occasional exposure to weather;  
16 could have exposure to generally moderate noise levels; should never have  
17 exposure to unprotected heights; limited to the performance of simple,  
18 routine and repetitive tasks; limited to work in a low-stress environment  
19 requiring only occasional decision-making and only occasional changes in  
20 work setting; limited to work establishing only production quotas based on  
21 end of workday measurements with no assembly line work required; and  
22 limited to only occasional interaction with the public and with coworkers.

23 6. The claimant is unable to perform any past relevant work.

24 7. The claimant was born [in 1970] and was 49 years old, which is defined  
25 as a younger individual age 18-49, on the alleged disability onset date. The  
26 claimant subsequently changed age category to closely approaching  
27 advanced age.

28 8. The claimant has at least a high-school education.

9 Transferability of job skills is not material to the determination of  
10 disability because using the Medical-Vocational Rules as a framework  
11 supports a finding that the claimant is 'not disabled,' whether or not the  
12 claimant has transferable job skills.

13 10. Considering the claimant's age, education, work experience, and  
14 residual functional capacity, there are jobs that exist in significant numbers  
15 in the national economy that the claimant can perform.<sup>1</sup>

16 11. The claimant has not been under a disability, as defined in the Social  
17 Security Act, from January 1, 2020, through the date of this decision.

18 AT 17-35.

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19 <sup>1</sup> Relying on vocational expert (VE) testimony, the ALJ found that plaintiff could perform jobs  
20 such as meat trimmer, floor waxer, marker, router, and checker. AT 34.

1 ISSUES PRESENTED

2 Plaintiff argues that the ALJ committed the following errors in finding plaintiff not  
3 disabled: (1) the ALJ improperly discounted the medical opinion of consulting examiner Dr.  
4 Dixit; (2) the ALJ improperly discounted plaintiff's subjective symptom testimony; and (3) the  
5 ALJ improperly discounted the lay witness testimony of plaintiff's sister.

6 LEGAL STANDARDS

7 The court reviews the Commissioner's decision to determine whether (1) it is based on  
8 proper legal standards pursuant to 42 U.S.C. § 405(g), and (2) substantial evidence in the record  
9 as a whole supports it. Tackett v. Apfel, 180 F.3d 1094, 1097 (9th Cir. 1999). Substantial  
10 evidence is more than a mere scintilla, but less than a preponderance. Connett v. Barnhart, 340  
11 F.3d 871, 873 (9th Cir. 2003) (citation omitted). It means "such relevant evidence as a reasonable  
12 mind might accept as adequate to support a conclusion." Orn v. Astrue, 495 F.3d 625, 630 (9th  
13 Cir. 2007), quoting Burch v. Barnhart, 400 F.3d 676, 679 (9th Cir. 2005). "The ALJ is  
14 responsible for determining credibility, resolving conflicts in medical testimony, and resolving  
15 ambiguities." Edlund v. Massanari, 253 F.3d 1152, 1156 (9th Cir. 2001) (citations omitted).  
16 "The court will uphold the ALJ's conclusion when the evidence is susceptible to more than one  
17 rational interpretation." Tommasetti v. Astrue, 533 F.3d 1035, 1038 (9th Cir. 2008).

18 The record as a whole must be considered, Howard v. Heckler, 782 F.2d 1484, 1487 (9th  
19 Cir. 1986), and both the evidence that supports and the evidence that detracts from the ALJ's  
20 conclusion weighed. See Jones v. Heckler, 760 F.2d 993, 995 (9th Cir. 1985). The court may not  
21 affirm the ALJ's decision simply by isolating a specific quantum of supporting evidence. Id.; see  
22 also Hammock v. Bowen, 879 F.2d 498, 501 (9th Cir. 1989). If substantial evidence supports the  
23 administrative findings, or if there is conflicting evidence supporting a finding of either disability  
24 or nondisability, the finding of the ALJ is conclusive, see Sprague v. Bowen, 812 F.2d 1226,  
25 1229-30 (9th Cir. 1987), and may be set aside only if an improper legal standard was applied in  
26 weighing the evidence. See Burkhart v. Bowen, 856 F.2d 1335, 1338 (9th Cir. 1988).

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1 ANALYSIS

2 A. Medical Opinion Evidence

3 Plaintiff argues that the ALJ improperly gave little weight to the opinion of Dr. Aparna  
4 Dixit, who evaluated plaintiff on January 18, 2022. AT 792-794. In that exam, as the ALJ  
5 summarized, plaintiff reported “depression, past abusive relationship trauma, social anxiety, poor  
6 sleep, isolating behavior, forgetfulness and easy distractibility.” AT 27, citing AT 792-794.  
7 Plaintiff reported that she quit drinking in 2009. AT 793.

8 Dr. Dixit noted that plaintiff had an anxious and depressed mood and a flat affect. AT  
9 793. During the exam, plaintiff was “tearful” and “distraught” with signs of a hand tremor. 793.  
10 However, Dr. Dixit found no notable deficits in plaintiff’s appearance, speech, thought content,  
11 orientation, memory, insight, judgment, and fund of knowledge. AT 793-794. Dr. Dixit assessed  
12 major depressive disorder, anxiety disorder, and PTSD. AT 794. Dr. Dixit further assessed  
13 “[s]ome cognitive deficits” in concentration and processing speed, secondary to anxiety. AT 794.

14 Dr. Dixit opined that plaintiff would have marked difficulty in (1) remembering and  
15 carrying out detailed and complex tasks, (2) dealing with the public, and (3) maintaining pace and  
16 persistence over two-hour increments. AT 794. Dr. Dixit opined that plaintiff would have  
17 moderate difficulties with other mental functions and “can understand, remember and carry out  
18 simple instructions without difficulty.”<sup>2</sup> AT 794.

19 After summarizing Dr. Dixit’s opinion (AT 27), the ALJ evaluated it as follows:

20 The opinion of Dr. Dixit is unpersuasive, as, although accompanied  
21 by a psychological exam report as attempted support, the evidence is  
22 most consistent with no more than moderate mental limitations. Dr.  
23 Dixit found the claimant capable of simple instructions with  
24 moderate limitations in attention and concentration. However, she  
would have moderate difficulties interacting with and relating to co-  
workers and supervisors, marked difficulties dealing with the public  
and marked difficulties maintaining pace and persistence. This  
opinion is simply not consistent with the evidence as a whole.

25 AT 30-31 (citing AT 792-794) (emphasis added). The ALJ went on to note evidence in the

26 <sup>2</sup> The RFC limited plaintiff to “simple, routine and repetitive tasks” and the VE considered this  
27 limitation in evaluating available jobs. AT 56-58. Plaintiff argues that three of the five jobs  
28 identified by the VE would be precluded if the RFC included “marked” difficulty in carrying out  
detailed and complex tasks, but if one available job remains, any such error is harmless.

1 record of plaintiff's ability to get along with others and the lack of evidence of interpersonal  
2 problems. AT 31. The ALJ concluded that, overall, the evidence supported only moderate  
3 limitations in interacting with others. AT 31. The ALJ next noted that "the record lacks evidence  
4 of learning, intellectual or neurocognitive disorder." AT 31. "Overall," the ALJ concluded, "the  
5 evidence appears most consistent with moderate limitation in concentrating, persisting, or  
6 maintaining pace and with the limits [described in the RFC]. Thus, as Dr. Dixit's opinion is  
7 inconsistent with the record in the ways discussed above, it is unpersuasive." AT 31. Earlier in  
8 the decision, the ALJ reviewed the evidence of mental limitations and found plaintiff moderately  
9 limited in interacting with others and concentration, persistence, and pace. AT 21-22.

10 "The ALJ is responsible for translating and incorporating clinical findings into a succinct  
11 RFC." Rounds v. Comm'r Soc. Sec. Admin., 807 F.3d 996, 1006 (9th Cir. 2015). In doing so,  
12 the ALJ must articulate a "substantive basis" for rejecting a medical opinion or crediting one  
13 medical opinion over another. Garrison v. Colvin, 759 F.3d 995, 1012 (9th Cir. 2014); see also  
14 Marsh v. Colvin, 792 F.3d 1170, 1172-73 (9th Cir. 2015) ("an ALJ cannot in its decision totally  
15 ignore a treating doctor and his or her notes, without even mentioning them").

16 For disability applications filed on or after March 27, 2017, the Commissioner revised the  
17 rules for the evaluation of medical evidence at the administrative level. See Revisions to Rules  
18 Regarding the Evaluation of Medical Evidence, 82 Fed. Reg 5844-01 (Jan. 18, 2017). Because  
19 plaintiff filed her application in 2021, it is subject to the new rules for the evaluation of medical  
20 evidence.

21 The revised rules provide that adjudicators for the Social Security Administration,  
22 including ALJs, evaluate medical opinions according to the following factors: supportability;  
23 consistency; relationship with the claimant; specialization; and other factors such as the medical  
24 source's familiarity with other evidence in the record or with disability program requirements. 20  
25 C.F.R. § 416.920c(c)(1)-(5). The most important of these factors are supportability and  
26 consistency. 20 C.F.R. § 416.920c(b)(2). Supportability is the extent to which an opinion or  
27 finding is supported by relevant objective medical evidence and the medical source's supporting  
28 explanations. 20 C.F.R. § 416.920c(c)(1). Consistency is the extent to which an opinion or

1 finding is consistent with evidence from other medical sources and non-medical sources,  
2 including the claimants themselves. 20 C.F.R. §§ 416.920(c)(2), 416.902(j)(1). The ALJ will  
3 articulate how he considered the most important factors of supportability and consistency, but an  
4 explanation for the remaining factors is not required except when deciding among differing yet  
5 equally persuasive opinions or findings on the same issue. 20 C.F.R. § 416.920(b). The new  
6 regulations “still require that the ALJ provide a coherent explanation of his reasoning” and  
7 establish “a minimum level of articulation to be provided in determinations and decisions, in  
8 order to provide sufficient rationale for a reviewing adjudicator or court.” Sam-Chankhiao v.  
9 Kijakazi, 2:20-cv-0186 DB, 2022 WL 4226170, at \*3 (E.D. Cal. Sept. 13, 2022), citing Hardy v.  
10 Commissioner, 554 F.Supp.3d 900, 906 (E.D. Mich. 2021).

11 Here, plaintiff argues that the ALJ should have adopted Dr. Dixit’s view that plaintiff had  
12 marked (as opposed to moderate) difficulties interacting with others. Considering whether Dr.  
13 Dixit’s opinion was supportable, the ALJ cited evidence that plaintiff “generally presented with  
14 pleasant, cooperative demeanor” in exams. AT 31; see AT 22 (citing multiple mental status  
15 exams). As to consistency, the ALJ noted that “the record generally lacks discussion of specific[]  
16 past issues with others (bosses, co-workers or the public)” and that plaintiff “referenced having  
17 friends and being able to shop in stores.” AT 31; see AT 50 (hearing testimony), 302 (October  
18 2022 function report). But see AT 2356 (October 2022 medical note that plaintiff “had conflicts  
19 with family so not able to stay with them . . . anymore”). The ALJ noted that plaintiff was  
20 “observed to be social and get along with her peers” during a two-week treatment program in July  
21 2020. AT 31, citing AT 511. The ALJ also found that Dr. Dixit’s psychological exam results  
22 were “most consistent with no more than moderate mental limitations.” AT 30; see AT 27  
23 (noting Dr. Dixit’s observation that plaintiff was distraught but cooperative). Later in the  
24 opinion, the ALJ noted that “the record lacks significant observations of anger or outbursts.” AT  
25 32. Though there was conflicting evidence in the record about plaintiff’s ability to interact with  
26 others, the ALJ provided a “coherent explanation of his reasoning” and articulated why he found  
27 plaintiff only moderately limited in this function. See Sam-Chankhiao, 2022 WL 4226170, at \*3.  
28 Where “the evidence can reasonably support either affirming or reversing a decision, we may not

1 substitute our judgment for that of the ALJ.” Garrison v. Colvin, 759 F.3d 995, 1010 (9th Cir.  
2 2014) (cleaned up) (citing Andrew v. Shalala, 53 F.3d 1035, 1039 (9th Cir. 1995)).

3 Plaintiff also argues that the ALJ should have credited Dr Dixit’s opinion that plaintiff had  
4 marked (as opposed to moderate) limitations in concentration, persistence, and pace. As to the  
5 supportability factor, the ALJ noted that, in Dr. Dixit’s evaluation of plaintiff, “there was no  
6 evidence of thought slowing or stoppage.” AT 31; see AT 793-94. In that exam, plaintiff was  
7 “unable to perform serial sevens or repeat digits backwards but could follow a three step  
8 command.” AT 22, citing AT 793-94. As to the consistency factor, the ALJ reasoned that  
9 “providers’ observations have reflected largely adequate, if not normal, cognitive functioning.”  
10 AT 31; see AT 22 (noting multiple exam findings “fluctuat[ing] from distracted, impaired  
11 concentration to intact/normal attention and concentration”). “The record also lacks evidence of  
12 learning, intellectual, or neurocognitive disorder.” AT 31. Here, too, the ALJ provided sufficient  
13 rationale for adopting a moderate limitation in concentration, persistence or pace, instead of Dr.  
14 Dixit’s opined marked limitation in this area. Thus, the undersigned defers to the ALJ’s  
15 assessment of Dr. Dixit’s opinion. Plaintiff has not shown error in this claim.

#### 16 B. Subjective Symptom Testimony

17 Plaintiff claims that the ALJ improperly discounted her subjective symptom testimony.  
18 She argues that the ALJ failed to specify which testimony was not credible, supported by specific  
19 evidence in the record, particularly as to her need for extra breaks and absences to deal with her  
20 mental symptoms.

##### 21 1. Plaintiff’s Testimony

22 At the October 31, 2023 hearing, plaintiff testified that she worked full-time as a  
23 dispatcher for the City of San Francisco for a number of years, ending in 2019. AT 45-46.  
24 Plaintiff testified that her job ended because she was “emotionally unstable and it caused me to  
25 call out . . . sick in an excessive amount,” resulting in her suspension. AT 47. At work, she had  
26 “crying spells” requiring 20 to 30 minute breaks, which was more than the job allowed. AT 47-  
27 48. Plaintiff stated that, since then, her mental health problems had prevented her from working.  
28 These included hallucinations, panic attacks, hearing voices, paranoia, isolation, anxiety, and poor

1 social skills because “I think that people are out to get me.” AT 48. Plaintiff testified that she  
2 was homeless and that her mental health medications, while somewhat helpful, caused  
3 drowsiness, and she slept for two or three hours a day. AT 49. She testified that she had a history  
4 of drinking alcohol to self-medicate her emotional problems but was not drinking at present.<sup>3</sup> AT  
5 50-51.

## 6 2. The ALJ’s Decision

7 “In evaluating the intensity, persistence and limiting effects of the claimant’s symptoms,” the  
8 ALJ wrote, “the undersigned has considered multiple factors.” AT 24. The ALJ then  
9 summarized plaintiff’s hearing testimony in detail. AT 24-25. The ALJ next summarized  
10 plaintiff’s reported daily activities, the lay testimony of plaintiff’s sister, and the treatment record.  
11 AT 25-29. The ALJ found that “the evidence, while supportive of the medium residual functional  
12 capacity adopted at Finding 5, fails to reflect the symptom severity or degree of limitation  
13 generally alleged.” AT 25. The undersigned reviews the ALJ’s reasoning as to credibility in the  
14 analysis below.

## 15 3. Legal Standard

16 The ALJ determines whether a disability applicant is credible, and the court defers to the  
17 ALJ’s discretion if the ALJ used the proper process and provided proper reasons. See, e.g.,  
18 Saelee v. Chater, 94 F.3d 520, 522 (9th Cir. 1995). If credibility is critical, the ALJ must make an  
19 explicit credibility finding. Albalos v. Sullivan, 907 F.2d 871, 873-74 (9th Cir. 1990). “Without  
20 affirmative evidence showing that the claimant is malingering, the Commissioner’s reasons for  
21 rejecting the claimant’s testimony must be clear and convincing.” Morgan v. Commissioner of  
22 Social Sec. Admin., 169 F.3d 595, 599 (9th Cir. 1999); see also Lambert v. Saul, 980 F.3d 1266,  
23 1277–78 (9th Cir. 2020).

24 In evaluating whether subjective complaints are credible, the ALJ should first consider  
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26 <sup>3</sup> While there was some physical symptom testimony (AT 52-53), the ALJ found that “there has  
27 been minimal evidence of objective abnormalities [or] substantive treatment” for physical pain  
28 issues. AT 20. Plaintiff acknowledges in briefing that “she alleges disability primarily on her  
mental impairments, not on a physical inability to” perform tasks. (ECF No. 10-1 at 14.)



1 objective medical evidence and then consider other factors. Bunnell v. Sullivan, 947 F.2d 341,  
 2 344 (9th Cir. 1991) (en banc). If there is objective medical evidence of an impairment, the ALJ  
 3 then may consider the nature of the symptoms alleged, including aggravating factors, medication,  
 4 treatment and functional restrictions. See id. at 345-47. The ALJ also may consider: (1) the  
 5 applicant’s reputation for truthfulness, prior inconsistent statements or other inconsistent  
 6 testimony, (2) unexplained or inadequately explained failure to seek treatment or to follow a  
 7 prescribed course of treatment, and (3) the applicant’s daily activities. Smolen v. Chater, 80 F.3d  
 8 1273, 1284 (9th Cir. 1996); see generally SSR 96-7P, 61 FR 34483-01; SSR 95-5P, 60 FR 55406-  
 9 01; SSR 88-13.

10 “Ultimately, the ‘clear and convincing’ standard requires an ALJ to show his work.” Smartt  
 11 v. Kijakazi, 53 F.4th 489, 499 (9th Cir. 2022). “This requires the ALJ to ‘specifically identify the  
 12 testimony [from a claimant] she or he finds to be not credible and ... explain what evidence  
 13 undermines the testimony.” Lambert, 980 F.3d at 1277, quoting Treichler v. Comm. of Soc. Sec.  
 14 Admin., 775 F.3d 1090, 1102 (9th Cir. 2014). Boilerplate statements and general summaries of  
 15 the evidence, without more, are not enough. Id. at 1277-78. That said, an ALJ is not required “to  
 16 perform a line-by-line exegesis of the claimant’s testimony” or “draft dissertations when denying  
 17 benefits.” Id. at 1277.

#### 18 4. Analysis

19 In his summary of the treatment record, the ALJ considered the objective medical evidence of  
 20 impairment. He further noted that there was “some evidence of treatment noncompliance” (AT  
 21 26) and that plaintiff “self-discontinued multiple medications[.]” AT 28. The ALJ noted that  
 22 plaintiff’s statement that she “quit drinking in 2009” was “inconsistent with the many  
 23 admission[s] of drinking since the 2020 alleged onset date.” AT 27; see AT 26 (plaintiff did not  
 24 “pick up her psychotropic medications last year because of drinking”); AT 27 (plaintiff was  
 25 drinking daily before claiming she had not drank in six months, “another misrepresentation”).

26 “Overall,” the ALJ wrote,

27 [t]he claimant has struggled with mood, anxiety, psychotic, sleep and  
 28 trauma-related symptoms. However, her symptoms have been  
 complicated by alcohol abuse (for much of the record) and

1                   considerable medication non-compliance issues. . . . Additionally,  
2                   while complaining of forgetfulness and distraction, largely, the  
                    claimant has presented with intact memory and fund of knowledge.

3   AT 29; see also AT 28 (“while the claimant endorsed symptoms [in 2022] such as poor sleep,  
4   poor concentration, anxiety attacks and depressive thoughts, she was also admittedly medication  
5   non-compliant.”), citing AT 2084. The ALJ thus considered plaintiff’s testimony in light of  
6   certain inconsistent statements and a history of medication noncompliance, both appropriate  
7   factors in the credibility analysis.

8               The ALJ also recounted plaintiff’s reported daily activities, noting that, in the 2022 exam  
9   by Dr. Dixit, plaintiff “admitted that she could perform household chores, drive and shop.  
10   Moreover, while she lacked motivation, she was able to perform self-care tasks.” AT 25, citing  
11   AT ; see also AT 32 (“[W]hile she has struggled with homelessness, she has admitted ability to  
12   perform chores, drive and shop.”). These too are appropriate considerations in the credibility  
13   determination.

14           The undersigned concludes that the ALJ sufficiently explained what testimony he found  
15   not credible and what evidence undermined it. Because he used the proper process and provided  
16   proper reasons, the court defers to his credibility analysis. Plaintiff has not shown error in this  
17   claim.

18           C. Lay Witness Testimony

19           Lastly, plaintiff claims that the ALJ erred in discounting the lay witness testimony of her  
20   sister, Wanda Keith, who submitted third-party adult function reports in December 2021 and  
21   October 2022. AT 250-257, 311-318.

22           In her 2021 report, Ms. Keith stated that she saw plaintiff, who was homeless, every two  
23   or three months and was “unaware how she spends her day.” AT 250-251. Ms. Keith stated that  
24   plaintiff had problems getting along with family and “isolates from everyone and everything.”  
25   AT 25. She indicated that plaintiff’s symptoms affected multiple abilities including memory,  
26   completing tasks, concentration, understanding, following instructions, and getting along with  
27   others. AT 255. Ms. Keith reported that plaintiff does not handle stress or change well and “can  
28   show signs of paranoia.” AT 256. She stated that plaintiff could walk for three to five minutes

1 before needing to rest. AT 255. Ms. Keith’s October 2022 report was largely the same.

2 The ALJ discussed Ms. Keith’s testimony as follows:

3 [Ms. Keith] described her sister as homeless with a tendency to  
4 cancel plans. Moreover, she indicated that the claimant has problems  
5 staying focused and needed reminders for doctor appointments.  
6 Further, she alleged that her sister was not good with stress or  
7 changes. Moreover, she indicated that the claimant is agitated easily,  
angry all the time and does not trust others. Notably, the undersigned  
appreciates that there has been rather minimal evidence of significant  
anger issues within treatment records. Rather, . . . the claimant has  
mostly presented with pleasant, cooperative demeanor.

8 AT 25.

9 The regulations require an ALJ to “consider” all evidence in the record. 20 C.F.R. §  
10 404.1520c(d). Under the 2017 amendments to regulations, an ALJ is “not required to articulate  
11 how [they] considered evidence from nonmedical sources[.]” 20 C.F.R. § 404.1520c(d). “This  
12 suggests that an ALJ may consider a lay opinion . . . without explicitly discussing it or making  
13 any related findings in the written decision. That the Ninth Circuit has reached a similar  
14 conclusion, albeit in unpublished opinions, supports this argument.” Tiamiyu v. Comm’r of Soc.  
15 Sec., No. 2:24-cv-2043 AC, 2025 2193021, \*10 (E.D. Cal. Aug. 1, 2025) (citing Kennedy v.  
16 O’Malley, 2024 WL 242992, at \*2 (9th Cir. 2024) (unpublished) (ALJ “not required to articulate  
17 how [she] considered evidence from nonmedical sources under the new regulations”) (internal  
18 quotation marks omitted).

19 Here, the ALJ considered Ms. Keith’s lay testimony and was not required to do more.  
20 Plaintiff has not shown error on this basis.

21 CONCLUSION

22 For the reasons stated herein, IT IS HEREBY RECOMMENDED that:

- 23 1. Plaintiff’s motion for summary judgment (ECF No. 10) be denied;  
24 2. The Commissioner’s cross-motion for summary judgment (ECF No. 12) be granted;  
25 and  
26 3. Judgment be entered for the Commissioner.

27 These findings and recommendations are submitted to the United States District Judge  
28 assigned to the case, pursuant to the provisions of 28 U.S.C. § 636(b)(1). Within fourteen (14)

1 days after being served with these findings and recommendations, plaintiff may file written  
2 objections with the court. Such a document should be captioned “Objections to Magistrate  
3 Judge’s Findings and Recommendations.” Plaintiff is advised that failure to file objections within  
4 the specified time may waive the right to appeal the District Court’s order. Turner v. Duncan,  
5 158 F.3d 449, 455 (9th Cir. 1998); Martinez v. Ylst, 951 F.2d 1153, 1156-57 (9th Cir. 1991).

6 Dated: December 19, 2025



CAROLYN K. DELANEY  
UNITED STATES MAGISTRATE JUDGE

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